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nandad plar		Holland		Kimberly	Debtor 1
	Check if this is an amen	Last Name	Middle Name	First Name	
	and list below the section plan that have been characters.				Debtor 2 (Spouse, if filing)
		Last Name	Middle Name	First Name	
		Illinois	Northern District of:	ankruptcy Court for the:	United States B
		(State)			
				19-04693	Case number (if known)
		Illinois (state)	Northern District of:	_	Case number

Chapter 13 Plan

12/17

Part 1: **Notices**

To Debtors:

This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.

In the following notice to creditors, you must check each box that applies.

To Creditors:

Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.

You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance. Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

1.1	A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor	Included	✓ Not included
1.2	Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4	Included	✓ Not included
1.3	Nonstandard provisions, set out in Part 8	Included	✓ Not included

Part 2: Plan Payments and Length of Plan

2.1 Debtor(s) will make regular payments to the trustee as follows:

\$280.00 per month for 36 month(s)

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.

Page 2 of 8 Document Debtor 1 Kimberly Holland Case number 19-04693 (if known) First Name 2.2 Regular payments to the trustee will be made from future income in the following manner: Check all that apply. Debtor(s) will make payments pursuant to a payroll deduction order. Debtor(s) will make payments directly to the trustee. Other (specify method of payment): 2.3 Income tax refunds. Check one Debtor(s) will retain any income tax refunds received during the plan term. Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term. Debtor(s) will treat income tax refunds as follows: Debtor(s) shall submit a copy of their federal income tax return to the Trustee each year, beginning with the tax return for the tax year in which this case was filed, no later than April 20th.

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2.4 Additional payments.

Check one.

None. If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

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2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is \$10,080.00

Part 3: Treatment of Secured Claims

3.1 Maintenance of payments and cure of default, if any.

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Check all that apply.

✓ None. If "None" is checked, the rest of § 3.1 need not be completed or reproduced.

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 Kimberly
 Holland
 Case number (if known)
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3.2 Request for valuation of security, payment of fully secured claims, and modification of undersecured claims.

Check one.

None. If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.

3.3 Secured claims excluded from 11 U.S.C. § 506.

Check one.

None. If "None" is checked, the rest of § 3.3 need not be completed or reproduced.

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3.4 Lien avoidance.

Check one.

None. If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.

3.5 Surrender of collateral.

Check one.

None. If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

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Debtor 1		Kimberly		Holland	Case number	19-04693	
		First Name	Middle Name	Last Name	(if known)	_	
Par	rt 4:	Treatment of Fees a	nd Priority Claims				
4.1	Genera	al					
	Trustee	·	ority claims, including domestic	support obligations other the	han those treated ir	n § 4.5, will be paid in fu	II without postpetition
4.2	Truste	e's fees					
		e's fees are governed by staney are estimated to total \$	atute and may change during th 604.80	ne course of the case but a	re estimated to be 6	3.00% of plan payments	; and during the plan
4.3	Attorn	ey's fees					
	The ba	lance of the fees owed to t	the attorney for the debtor(s) is e	estimated to be \$0.00			
4.4	Priorit	y claims other than atto	rney's fees and those treated	in § 4.5.			
	Check ✓ No		the rest of § 4.4 need not be co	empleted or reproduced.			
4.5	Domes	stic support obligations a	assigned or owed to a govern	mental unit and paid less	s than full amount		
	Check ✓ No		the rest of § 4.5 need not be co	mpleted or reproduced.			
Par	rt 5:	Treatment of Nonpri	ority Unsecured Claims				
5.1	Nonpri	ority unsecured claims r	not separately classified.				
		d nonpriority unsecured clant will be effective. <i>Check a</i>	aims that are not separately class	sified will be paid, pro rata.	If more than one o	ption is checked, the op	tion providing the largest
	☐ Th	e sum of					
			of these claims, an estimated p				
	I I Th	a funda ramainina aftar dia	buraamanta baya baan mada ta	all ather areditors provide	d far in this plan		

The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$0.00 Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

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 Kimberly
 Holland
 Case number
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 First Name
 Middle Name
 Last Name
 (if known)

- 5.2 Maintenance of payments and cure of any default on nonpriority unsecured claims. Check one.
 - None. If "None" is checked, the rest of § 5.2 need not be completed or reproduced.
- 5.3 Other separately classified nonpriority unsecured claims. Check one.
 - None. If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

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Debto	or 1	Kimberly		Holland	Case number	19-04693	
		First Name	Middle Name	Last Name	(if known)		
Par	t 6:	Executory Contra	acts and Unexpired Leases				
6.1	1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.						acts and
	None. If "None" is checked, the rest of § 6.1 need not be completed or reproduced.						
Par	t 7:	Vesting of Prope	rty of the Estate				
7.1	Proper	ty of the estate will	vest in the debtor(s) upon.				
	Check	the applicable box:					
	✓ ent	n confirmation.					
	oth	ier					
Par	t 8:	Nonstandard Pla	n Provisions				
8.1	Check	"None" or List Nons	tandard Plan Provisions				
	✓ No	ne. If "None" is check	red, the rest of Part 8 need not be con	npleted or reproduced			
Par	t 9:	Signature(s):					
9.1	Signati	ures of Debtor(s) and	Debtor(s)' Attorney				
If the sign b	•) do not have an attor	ney, the Debtor(s) must sign below; o	otherwise the Debtor(s) signatures are option	al. The attorney for the Debtor(s), if any, must
	Signa	ture of Debtor 1		Sig	nature of Debtor 2		
	Execu	ted onMM	I / DD / YYYY	Exe	ecuted onN	IM / DD / YYYY	
×		omas March ture of Attorney for De	ebtor(s)	Dat		<u>2/22/2019</u> IM / DD / YYYY	

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

Exhibit: Total Amount of Estimated Trustee Payments

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

a.	Maintenance and cure payments on secured claims (Part 3, Section 3.1 total)	\$0.00
b.	Modified secured claims (Part 3, Section 3.2 total)	\$0.00
c.	Secured claims excluded from 11 U.S.C. § 506 (Part 3, Section 3.3 total)	\$0.00
d.	Judicial liens or security interests partially avoided (Part 3, Section 3.4 total)	\$0.00
e.	Fees and priority claims (Part 4 total)	\$604.80
f.	Nonpriority unsecured claims (Part 5, Section 5.1, highest stated amount)	\$14,318.42
g.	Maintenance and cure payments on unsecured claims (Part 5, Section 5.2 total)	\$0.00
h.	Separately classified unsecured claims (Part 5, Section 5.3 total)	\$0.00
i.	Trustee payments on executory contracts and unexpired leases (Part 6, Section 6.1 total)	\$0.00
j.	Nonstandard payments (Part 8, total)	+ \$0.00
	Total of lines a through j	<u>\$14,923.22</u>